

**CITY OF BRIGHTON
CONTRACTOR'S LICENSE REGISTRATION
CITY CODE CHAPTER 15.16 – CONTRACTOR'S LICENSE**

REQUESTED LICENSE CLASSIFICATION _____ LICENSE NUMBER: _____

FIRM NAME: _____ TELEPHONE: _____

BUSINESS ADDRESS: _____

CITY: _____ ZIP CODE: _____

SUPERVISOR: _____ LICENSEE: _____

DRIVER'S LICENSE NO. _____ STATE: _____

Licensed before with the City of Brighton YES _____ NO _____

First time applying with the City of Brighton _____

EXPERIENCE:

List 5 references/jobs, preferably in the Denver Metro area which will indicate the scope of your construction experience.

Job Address	Contractor/Owner	Type of Work	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Warning

Statements made in this application are subject to verification and false or misleading statements may be cause for disapproval of the application, or, if a license is granted, for revocation thereof upon discovery. Make checks payable to: CITY OF BRIGHTON

THE STATEMENTS ABOVE ARE TRUE AND CORRECT OT THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ SIGNED: _____

OFFICE USE ONLY

Approved ____ Disapproved ____ Building Official's Signature: _____